# MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

May 21, 2015

The Michigan Health IT Commission is an advisory Commission to the Michigan Department of Health and Human Services and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275



## Welcome & Introductions

Commissioner Updates



## HIT/HIE March 2015 Updates

- Dashboard
- MDHHS Project Updates
- Michigan Health Cybersecurity Council MiHCC
- Public Comment



#### 2015 Goals - May HIT Commission Update



Governance
Development
and Execution
of Relevant
Agreements

- Newest Qualified Data Sharing Organizations (QDSOA):
  - Fidelis, Macomb Community Mental Health Authority (PIHP)
- Five of ten regions' PIHPs are now Payer QOs three more reviewing QDSOA
- Application received for new HIE-QO
- New "Simple Data Sharing Organization Agreement" developed
- Payer QO Day Friday, May 15 at MiHIN 30 confirmed participants

Technology and Implementation Road Map Goals

- Ten participants in Care Plan/Integrated Care Bridge Record (ICBR) Use Case began sharing data May 1 as Phase 1 (four PIHPs, six commercial payers)
  - Phase 2 begins October 1 with more participants
- Discharge Medication Reconciliation pilot initiated with several hospitals
- Newborn Screening Pulse Oximetry pilots continue making progress
- Single Sign-On pilot expanding rapidly
- Admission-Discharge-Transfer progress:
  - Numerous health systems completed conformance report reviews
  - HIE-QO requested changes went into production
  - National Provider Identity (NPI) numbers included in outbound ADT message
- HHS announced \$1 million in new grant programs to help improve sharing of health information. Projects to help long-term and behavioral health care providers
  - Deadline for the submission of applications is 11:59 p.m. EDT June 16, 2015

#### 2015 Goals - May Update



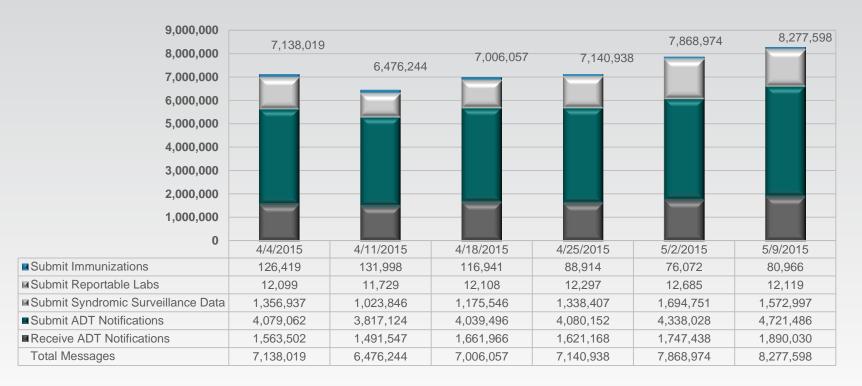
QO & VQO Data Sharing

- MiHIN celebrated its third year in full production!
- More than **272 million+** messages received since production started May 8, 2012
  - Have processed as many as 8 MLN+ total messages/week
  - Averaging 7 MLN+ messages/week
  - 6 MLN+ ADT messages/week; 1.5 MLN+ public health messages/week
- Total 349 ADT senders, 32 receivers to date
  - Estimated 90% of admissions statewide now being sent through MiHIN
- New patient match for ADTs > 60% match rate; sent 1.89 MLN+ ADTs out last week
  - Common Key Service will increase match rate > 90%
- More than 394,000 Reportable Lab messages received/sent to MDSS
- More than 41 million Syndromic Surveillance messages received/sent to MSSS

#### MiHIN Shared Services Jtilization

- Connecting Michigan for Health Weds-Fri June 3-5 Lansing Convention Center
  - Introductory remarks from Governor Snyder
  - Keynote: Major General Elder Granger, USA (ret.)
  - Presentations from SIM Round One recipients (lessons learned)
  - HIE and HIT leaders from Michigan and other leading states
  - Second day introductory remarks from Lt. Governor Calley
  - HIT Commission meeting: Noon-1pm Thursday June 4 public forum
  - Keynote: Doug Dietzman, Great Lakes Health Connect
  - Loaded panels on Consumer Engagement and other topics
  - Don't miss MiHIN's workshop on FHIR, Argonaut, and Open APIs featuring Dr. John Halamka of Harvard Beth Israel, Micky Tripathi of MA, and other thought leaders from around the U.S.
  - Registration still open: https://www.regonline.com/builder/site/?eventid=1633516

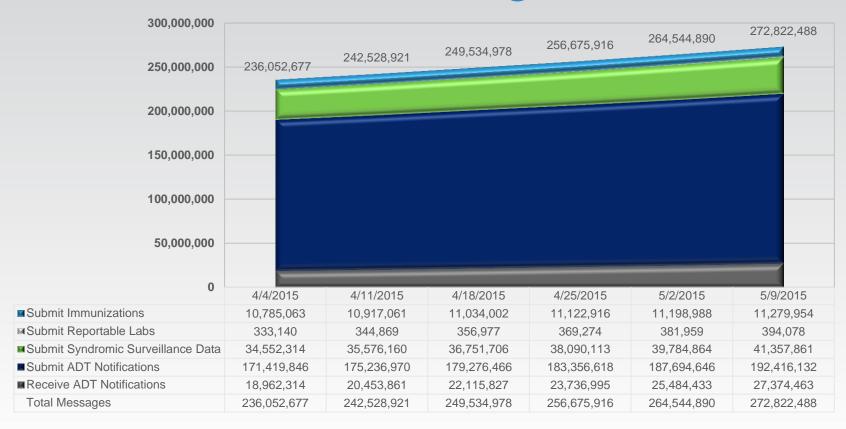
## Weekly Message Volumes







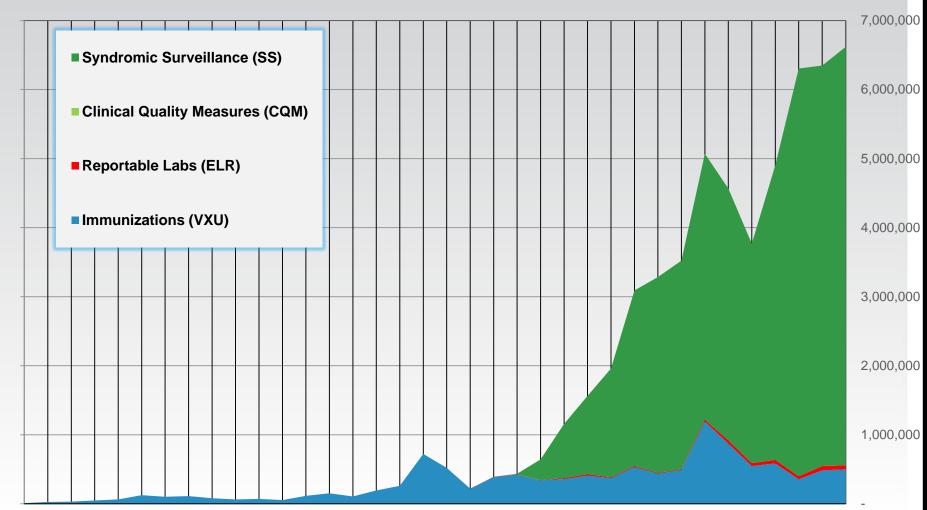
## Cumulative Message Volumes







#### **MONTHLY MESSAGE COUNT**



MAY-12 JUL-12 SEP-12 NOV-12 JAN-13 MAR-13 MAY-13 JUL-13 SEP-13 NOV-13 JAN-14 MAR-14 MAY-14 JUL-14 SEP-14 NOV-14 JAN-15 MAR-15

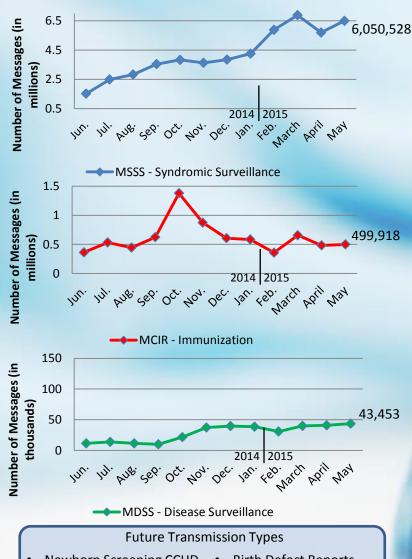






## Data Hub Dashboard

#### **Transmission Production Numbers**



- Newborn Screening CCHD
- Birth Defect Reports
- **Cancer Case Reports**
- MCIR Query

#### **Project Updates**

#### Security - MILogin for Workers Goes Live

Last October, the Citizen facing portion of the MILogin system went live with the introduction of the myHealthButton/myHealthPortal system for Medicaid Beneficiaries. In March 2015, the infrastructure was completed for the Worker side of the system. The first MDHHS Medicaid system for workers - the Third Party Liability system known as TED - was successfully migrated on April 24, 2015 to the MILogin platform.

MILogin capabilities can now be leveraged as the TED team works to expand the use of their system to the State of Minnesota -- planned for this fall. MILogin is already configured for use by the State of Illinois as they begin accessing their portion of the MDHHS Community Health Automated Medicaid Processing System (CHAMPS).

#### Infrastructure - Provider Index

In 2014, the Provider Index (PI) was initiated with the integration of individual Medicaid providers. In 2015, the project team began working to expand the PI model to include Facilities, Organizations, and Agencies (FOAs). The model will be loaded with FOA data from the MDHHS CHAMPS Provider Enrollment system. In addition to expanding the index beyond individual providers, the loading of FOAs into the Provider Index will allow the project team to enable the system relationship functionality by linking providers to their work locations.

#### Funding - HIT APD Update

In April, CMS approved Michigan's 2015 Health Information Technology Advanced Planning Document (HIT APD). This document lays out project plans and funding needs for Medicaid HIE activities. For the past two months MDHHS, and its strategic business partners, have worked diligently to review strategic plans and identify new projects for inclusion in the 2016 HIT APD.



## **Participation Year (PY) Goals**

May 2015 Dashboard

	Reporting Status	Prior # of Incentives Paid (March)	Current # of Incentives Paid (April)	PY Goal Number of Incentive Payments	PY Medicaid Incentive Funding Expended
	AIU 2013	1323	1323	1,003	\$27,681,687
<b>Eligible Provider</b>	AIU 2014	515	649	1,000	\$14,088,759
(EPs)	MU 2013	1204	1205	1,043	\$10,115,015
	MU 2014	682	831	1,444	\$6,808,508
	AIU 2013	16	16	15	\$6,864,231
<b>Eligible Hospital</b>	AIU 2014	1	2	17	\$3,036,526
(EHs)	MU 2013	79	80	70	\$28,167,511
	MU 2014	57	61	44	\$12,868,315

#### **Cumulative Incentives for EHR Incentive Program 2011 to Present**

	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	4,622	\$176,375,132
MU	2,738	\$94,627,013

Key: AIU= Adopt, Implement or Upgrade MU= Meaningful Use



#### 2015 Goals – May Update

Your trusted health IT advisors

#### **Federally Funded REC**

Supporting adoption and achievement of Stage 1 Meaningful Use with a minimum of 3,724 priority providers across Michigan's primary care community.

#### MDCH Medicaid Program (90/10)

Supporting providers in Michigan with high volumes of Medicaid patients in attaining Meaningful Use.

#### M-CEITA Provider Metrics

Client data provides insight into EHR adoption and Meaningful Use landscape across Michigan Providers.

#### **Million Hearts Initiative**

Expanding our focus to assist providers with future stages of MU, other quality process improvement and public health priorities with an emphasis on EHR-enabled improvements.

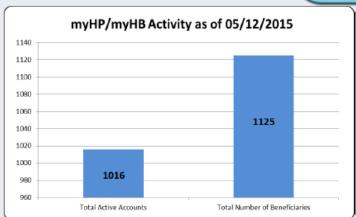
- 3,724(+) Milestone 1: Recruitment of Eligible Priority Primary Care Providers (PPCPs);
   100% to goal
- 3,724(+) Milestone 2: EHR Go-Live with PPCPs; 100% to goal
- 3,724(+) Milestone 3: Stage 1 Meaningful Use Attestation with PPCPs; 100% to goal
- 568- Specialist Sign-Ups: Recruitment of Medicaid eligible specialists (Non-Primary Care)
  - 278- AIUs | 8- 90day MU attestation | Specialist Sign-Up breakdown: Dentistry 46%, Behavioral Health 44%, Optometry 5%, Other 5%
- 526- Stage1Year1(or2) Sign-ups: Recruitment of MEPs in Stage 1 of Meaningful Use
  - 187- AIUs | 106- MU attestations
- 113- Stage2Year1 Sign-ups: Recruitment of MEPs in Stage 2 of Meaningful Use
  - 7- 90day MU Attestation
- 38% of providers signed up with M-CEITA have received incentives for Stage 1 Year 1 Meaningful Use in the Medicare EHR Incentive Program.
- M-CEITA Implementation Specialists have begun work with early EHR adopters in an effort to help these providers achieve Stage 2 Year 2 of Meaningful Use in 2015.
- In 2014, M-CEITA provided its Security Risk Assessment service to over 170 Michigan practice locations ensuring compliance with MU Core 13.
- M-CEITA is tracking client practices that have committed to reporting on the Million Hearts related CQMs through a proprietary tool called the eMUGA
- M-CEITA is partnering with MDCH HDSP/DPCP on the CDC 1305 and 1422 grants, creating a statewide educational series, self-directed tools and providing Technical Assistance to selected communities, teaching healthcare teams how to leverage Health IT to improve hypertensive and diabetic patient outcomes.
- M-CEITA is participating in the National ASTHO Million Hearts Learning Collaborative, partnering with MDCH to improve hypertension rates in selected clinics in the Muskegon area.



## myHealthButton/myHealthPortal Dashboard







#### Updates:

www.michigan.gov/myHealthPortal is LIVE!

#### 5.4 Release (June 2015)

- Multilingual functionality (Addition of Spanish)
- Print mihealth card
- Find a Doctor based on a Health Plan
- Find a Doctor functionality introduced to the Landing page

#### 6.0 Release (September 2015)

- Upload MIWay Consumer Advanced Directives for the Peace of Mind Directory
- ♦ View claim/encounter data
- Provide authorizations for the release of protected health information (PHI)
- Upload clinical documents (Continuity Care Documents)
- MDCH-generated online alerts, notifications and surveys

## **May 2015**

#### **Consumer Engagement Dashboard**

#### Stakeholder Collaboration

#### **Consumer Engagement Interest Call**

April Call Summary:

- MiHIN presented on Remote Identity Proofing Service Issuing Trusted Identities & highlighted HIMSS conference key takeaways
- Michigan Primary Care Association introduced a tool for newly eligible Medicaid beneficiaries, MiCoverage.org
- Greater Detroit Area Health Council developed online tools that connect vulnerable populations with needed services, Find MI Care

#### **Next Call**

Tuesday, June 16<sup>th</sup> 2:00pm – 3:30pm

## Stakeholder Collaboration continued

#### **MiHIN's Annual Conference**

MPHI is facilitating a Consumer Engagement panel with NoMoreClipBoard, GetRealHealth, WiserTogether, and Vheda Health at MiHIN's annual conference in June.

The panelists will discuss how they are using technology to encourage consumer engagement by aligning their actions and services with consumers rather than for them. The session will end with a focus on how to apply these lessons to help improve Michigan's current healthcare landscape.

#### Healthcare Still Starts with the Patient: A Different Model for Personal Health Records

Thursday, June 4<sup>th</sup> 11:35am – 12:30pm

#### **Outreach & Education**

#### **Provider Outreach & Education**

MPHI is working with the EHR
Incentive Program Outreach
Coordinator to provide Program
participants with tools and resources
that engage providers in health IT
and help them engage their patients.
Currently, enhancing the
MichiganHealthIT.org website to add
Consumer Engagement materials.



## Michigan Department of Health & Human Services Tim Becker, Chief Deputy Director MDHHS



# Health and Human Services Assessment of Business and Technology

**Executive Kickoff** 







## **Assessment Goal**

## Determine optimal approach to "Align Business and Technology"

- Better Provide Services to Michigan Citizens
- Create a "Citizen Focused" Service Delivery Organization
- Leverage Operational Alignment

## Assessment Approach

#### Plan

- Establish the project and the governance structure
- Define information to collect
- Assemble the team

#### Collect

- Meet with staff throughout all departments and levels
- Collect information

#### Recommend

- Analyze the data
- Present the findings

## **Assessment Team**

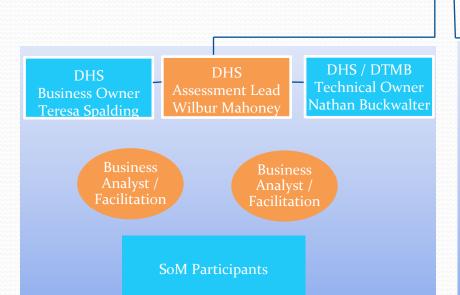
#### **Assessment Governance Team**

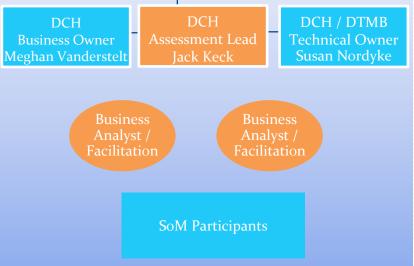
Karen Parker – SoM Kurt Warner - SoM Linda Pung – SoM

John Dullock - CSS

HHS

Patrick

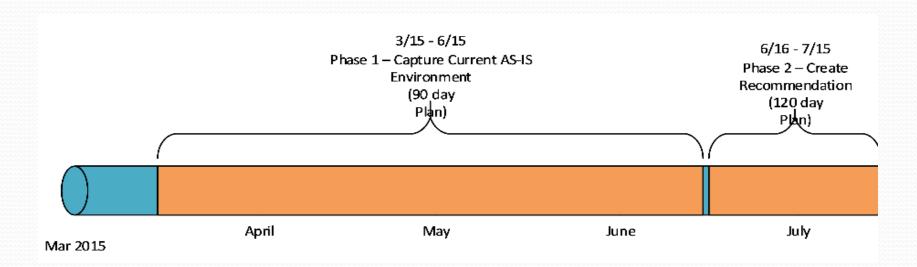




Assessment

## Assessment Timeline

Initiate mid-March 2015



- Create Implementation Plan
- Collect Information
- Recommend Alignment of Business and Technology

# State of Michigan Enterprise Information Management



May 21, 2015

## Executive Directive (2013-1)

"To continue the process of reinventing state government, we must improve upon the sharing and management of data across all executive branch agencies. Data and information are valued assets that require effective and secure management. It is my goal to establish an environment where improved sharing and management of data will enhance services to citizens."

- Governor Rick Snyder



## Information Management

### **Mission Statement Jeopardy:**

"...to organize the world's information and make it universally accessible useful."



## Information Management

Who is...?

## Google



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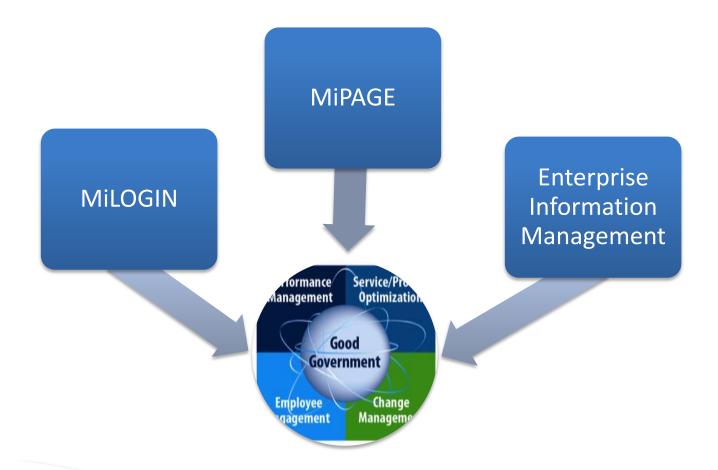


## EIM: Key Pillars

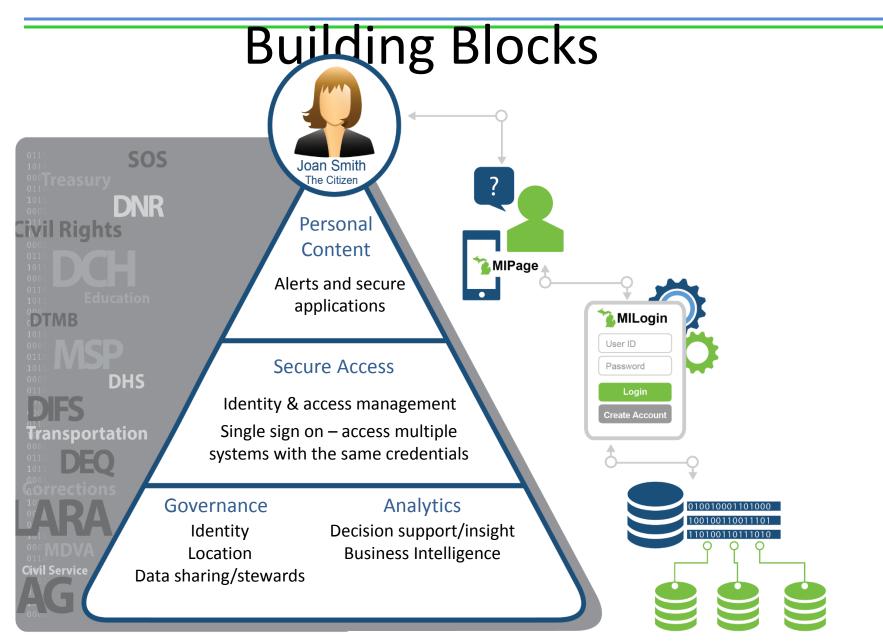
Enhance Customer Service Delivery Decision Security and Support & Privacy **Process Improvement** Service/Pro formance Optimization anagement Good Government Change **Employee** Manageme gagement



## EIM: Related Initiatives







## EIM: Early Stages

Data Profiles

Data Share Agreements

**EIM** 

Organizational Processes

Analytics & Technology



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## EIM: Share Agreement (low-tech)

SOM DSA #:
Disclosing Agency id #:
Receiving Agency id #:
Review cycle:
1st review date:
2nd review date:

DATA SHARING AGREEMENT
BETWEEN
[DISCLOSING AGENCY]
AND
[RECEIVING AGENCY]
FOR

PURPOSE]

#### 1. Introduction

This Data Sharing Agreement (DSA) is between the Michigan Department of Choose an item. (Disclosing Agency) and the Michigan Department of Choose an item. (Receiving Agency). Disclosing Agency and Receiving Agency are collectively referred to as the parties.

The Disclosing Agency is the party that is disclosing data under this DSA. The Receiving Agency is the party that is collecting or receiving data from the Disclosing Agency under this DSA.

This DSA establishes the conditions under which Disclosing Agency agrees to disclose Choose an item. data to the Receiving Agency (the data) and it provides for the protection of that data. It also identifies the responsibilities of each party and establishes terms governing the use, disclosure, and disposition of the data.

#### 2. Purpose

The data will be used by the Receiving Agency only as is [if Treasury is sharing the data, insert here: "necessary for the administration or enforcement of Michigan law and such use is" [expressly agreed upon by the parties under this DSA. Access to the data by any party or for any purpose not identified in this DSA is strictly forbidden. Data provided by the Disclosing Agency remains the property of Disclosing Agency.

Receiving Agency will use the data [to do what/for what purpose; explain in detail how the data will be used].



1



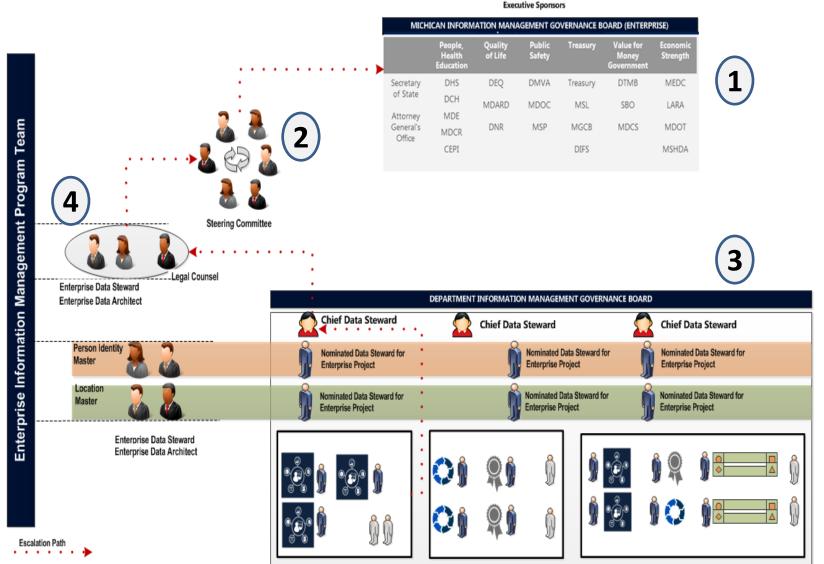
## EIM: Organizational Processes & Data Governance Principles

- A. Data must be governed so as to abide by all applicable laws, including statutes and regulations.
- B. Data is a State asset.
- C. Data must be managed by a data governance organization.
- D. Data must have clearly defined accountability.
- E. Data quality must be ensured through continuous monitoring and improvement.
- F. The data governance organization must define metrics and key performance indicators (KPIs) to measure efficiency and determine return on investment (ROI) and operational effectiveness.

#### State of Michigan Enterprise Information Management Organization Model

Also referred to as the 'data governance organization





Ideal State

2%

**%** 

Issue Resolution\*

**%0**/

## EIM: Analytics Use Cases

#### MICHIGAN.GOV EN MICHIGAN Mi Dashboard

MICHIGAN.GOV Michigan's Official Web Site

Michigan.gov Home

Open Michigan

MI Dashboards

Performance

Spending

print friendly

Like

> Tweet

Search

Michigan Dashboard

**Economic Strength** 

**Health & Education** 

Value for Money Government

Quality of Life

**Public Safety** 

Education Dashboard

Health & Wellness Dashboard

Infrastructure Dashboard

Talent Dashboard

Public Safety Dashboard

Energy & Environment Dashboard

Financial Health Dashboard

Seniors Dashboard

Labor Market Information The state of the s



#### Measuring Michigan's Performance

#### Performance Key:

Performance improving

Performance staying about the same

Performance declining

Click on the links in the table below for more detail.

Economic Strength			n e
	Prior	Current	Progress
Monthly unemployment rate*	8.8% (Sept 2013)	7.2% (Sept 2014)	<u>-</u>
Real Gross Domestic Product (GDP)	1.5% (2012)	2.0% (2013)	<u>-</u>
Percent of structurally deficient bridges	12.31% (2012)	11.78% (2013)	·
Real personal income per capita	\$28,940 (2012)	\$28,869 (2013)	<b>#</b> 2
Children living in poverty	25% (2012)	24% (2013)	<u></u>

	Prior	Current	Progress
Infant mortality (per 1,000 births)	7.4 (2012)	7.3 (2013)	-2
Obesity in the population (adult)	31.3% (2011)	31.1% (2012)	<u>-</u>
Third grade reading proficiency	68.1% (2012-13)	70.0% (2013-14)	•
ACT college readiness benchmarks	18.1% (2012-13)	20.0% (2013-14)	<u>-</u>
Population with bachelor's degree or higher (25+ years old)	26.0%	26.9%	*

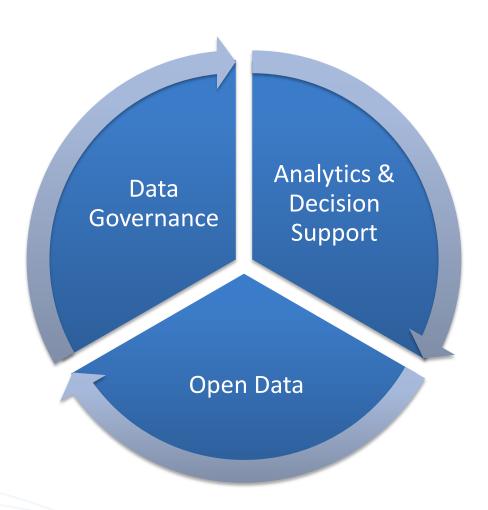
	Prior	Current	Progress
Credit rating:			
- Moody's	Aa2 (Positive) (2013)	(Positive)	-
- S & P	AA- (Positive) (2013)		=
- Fitch	AA (Stable) (2013)	AA (Stable) (2014)	=
Government debt burden per capita	\$800 (2012)	\$785 (2013)	*
State government operating cost as a percent of GDP	14.1% (2011)	12.9% (2012)	*
State and local government operating cost as a percent of GDP	24.7% (2010)	23.3% (2011)	<b>∞</b> △
Access to state government - number of online services**	N/A	356 (2013)	N/A

Quality of Life			
	Prior	Current	Progress
State park popularity - annual visits per capita	2.60 (2012)	2.47 (2013)	<b>8</b> 2
Population change (ages 25-34)	2% (2011- 12)	1% (2012- 13)	<b>8</b> 2
Monitored beaches with no closures or unsafe advisories	76% (FY 2012)	80% (FY 2013)	<u>~</u>

	Prior	Current	Progress
Violent crime rates (per 100,000 population)	442.8 (2011)	454.5 (2012)	<b>8</b> 2
Property crime rates (per 100,000 population)	2,544.6 (2011)	2,530.5 (2012)	<u>-</u>
Individuals fatally or seriously injured in traffic accidents	6,612 (2012)	6,234 (2013)	<u>_</u>

"Prior" represents the same month of the previous year, and "current" represents the current month for which data are available.

## EIM: Reinforcing Cycle





## EIM: "Use Case" Approach

#### Governance

Operational efficiency & Improved service delivery

### Analytics

Decision Support, Insights & Accountability

### Open Data

Transparency & Citizen Engagement



## EIM: Governance Use Cases

- Enterprise Data Share Agreement
- Data Classification
- Organizational Principles, Standardized Roles
   & Responsibilities
- Business Glossary
- Master Data Management
  - Location/Address
  - Identity



## EIM: Draft Analytics Use Cases

- MDE/CEPI: 3<sup>rd</sup> Grade Reading & Neighborhood Health
- UIA/WDA: WDA program participation and UI benefits
- Treasury: Distressed Community Predictors
- MDOT: Crumbling Infrastructure
- MSP: Drug-abuse crimes
- MDOS: Marketing segmentation for online users
- DNR: Marketing segmentation recreational license buyers
- DHHS: Chronic Absenteeism, Population Health Factors
- Enterprise Fraud Detection Project



## EIM: Open Data

- Portals
  - Open Michigan: Dashboards & Scorecards
  - Financial Transparency & Accountability
  - GIS Portal
  - Open Data Files
- MiPage
  - Application Development Within State Gov't
  - External App Development & Partnerships



## **EIM:** Going Forward

#### Seven Work Streams:

- 1)Organizational Process Implementation
- 2) Data Share Agreement Automation
- 3) Business Glossary
- 4) Master Data Management Location/Address
- 5) Master Data Management Identity
- 6) Enterprise Architecture & Tools Eval
- 7) Data Analytics Strategy



## EIM: Discussion

- External Partnerships
- Fed, State and Local
- Other?



## EIM: Questions & Contact Info

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## HITC Next Steps

- June 2015 Meeting Agenda at Connecting Michigan Conference
- Third Quarter Availability



## **Public Comment**



## Adjourn

